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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/591,333	08/31/2006	Steven Porter Hotelling	PU040287	9243

TITLE OF INVENTION: **DUAL AXIS VIBRATION RATE GYROSCOPE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	01/25/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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CHAPMAN JR, JOHN E. 2856 073-504120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.553). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/1122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/447; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. ROBERT D. SHEED 2. VINCENT E. DUFFY 3. MICHAEL A. PUGEL
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THOMSON LICENSING

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

BOULOGNE, BILLANCOURT FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0832

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.
☒ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Michael A. Pugel

Date 22 January 2010

Typed or printed name MICHAEL A. PUGEL

Registration No. 57,355

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